FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011118 (2)

TWM ENTERPRISES, INC.

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address					
01148 LINDA GI FRUITLAND PAI		01148 LINDA GLEN AENUE FRUITLAND PARK FL 34731	-5117				
					3. Date Incorporated or Qualified 02/01/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing Address	**		4. FEI Number		Applied For
1 418 C	arman Dr.	26 415 Carma	n Da		59 3361399		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	2	City & State			6. Election Campaign Financing		May Be
j Leesi		28 Lees burg	, FL		Trust Fund Contribution		to Fees
ZIP	Country	Zip	Country	,	B. This corporation has liability for inta Florida Statutes	ngible tax under es	s. 199.032,
4 34 1	9, Name and Address of Curre		30		10. Name and Address of New Regis		
MILL	ER, TERRY	Trogiotorou rigoni	81	Name			
01148 GLEN AVENUE				Ctroot Add	dress (P.O. Box Number is Not Acceptable)		
FRUI		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
			83				
			84	City		- 85 Zip	Code
				·	poration submits this statement for the purp	FL [] '	
SIGNATURE	Signature, typed or printed name of registered a			ent signature requ		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	MILLER, TERRY	☐ DELETE	1.1 TITLE			Change	Additio
NAME	01148 LINDA GLEN AVENUE		1.2 NAME	. *DODECC			
STREET ADDRESS	FRUITLAND PARK FL 34731		1.4 CITY-1	ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.1 TITLE	11-211		Change	Additi
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	v er	·- 🗖	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	: Additie
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE 3.4 CITY-	F ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-211		Change	Additi
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	51 TITLE			∐ Change	: [_] Additi
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
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TITLE NAME			6.1 TITLE 6.2 NAME			c.nange	
STREET ADDRESS				T ADDRESS			
C-TY-ST-ZIP			6.4 CITY				
U . V . L'	l						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

7900-277-5656